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FACSIMILE COVER SHEET**DATE:** January 11, 2006**TO:** Examiner DOAN, Phuoc Huu
USPTO GPAU 2687**FAX NO.:** 571-273-8300**FROM:** Jeffrey G. Toler
Reg. No.: 38,342**RE U.S. App. No.:** 10/621,127, filed July 16, 2003**Applicant(s):** Theodore James Myers et al.**Atty Dkt No.:** 1033-A00498-C1**Title:** OVER THE AIR USER ZONE ASSIGNMENT FOR WIRELESS
TELEPHONY SYSTEMS**NO. OF PAGES (including Cover Sheet):** 16**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg);
- ☒ Petition for Extension of Time (in duplicate) (2 pgs);
- ☒ Response to Office Action (11 pgs); and
- ☒ Revocation and Power of Attorney, Change of Correspondence Address and Appointment of New Power of Attorney (1 pg).

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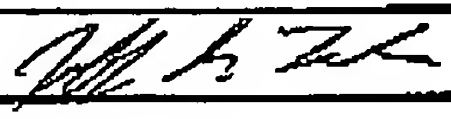
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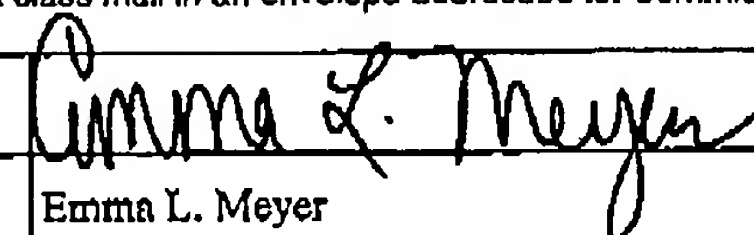
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/621,127	
	Filing Date	July 16, 2003	
	First Named Inventor	Theodore James Myers et al.	
	Art Unit	2687	
	Examiner Name	DOAN, Phuoc Huu	
Total Number of Pages in This Submission	14	Attorney Docket Number	1033-A00498-C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Toler, Larson & Abel, LLP.	
Signature		
Printed name	Jeffrey G. Toler	
Date	1-11-2006	Reg. No. 38,342

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Typed or printed name	Emma L. Meyer
Date	Jan 11, 2006

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